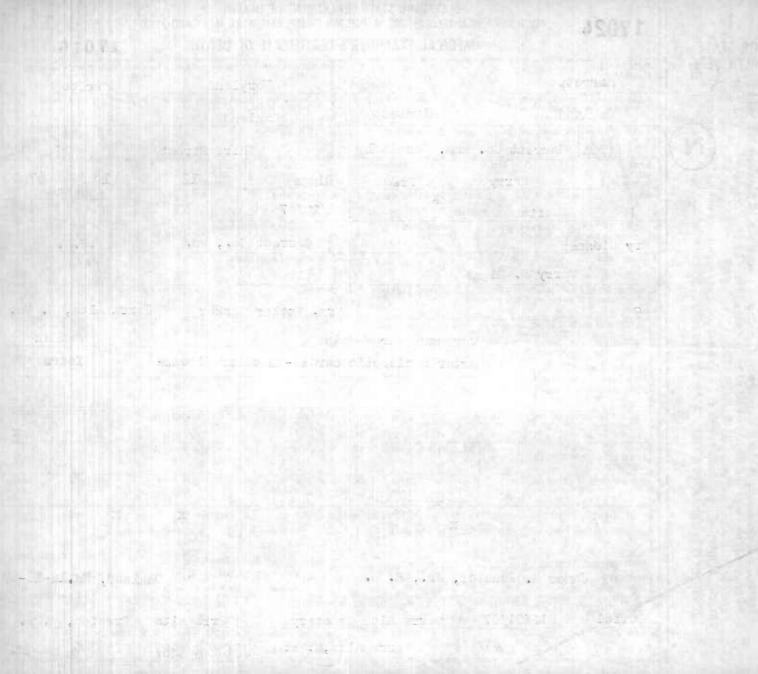
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17015 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Garrett Garrett MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TDWN (If autside carparate limits, c. LENGTH DE STAY IN 16 c. CITY DR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give neorest town) 17 Hrs. 15 Min. Oakland Oakland. d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10h2 East Oak Street Garrett County Memorial Hosp. NO DO 3. NAME OF Last 4 DATE Year DECEASED Charles M-asden 19 67 Biggs December (Type ar print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED TYNY NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Male White □ Arch 27, 1886 WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired)
Ret. Mech. Eng. Hazel Atlas Glasst. Lake Park, Maryland U.S.A. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME H. Biggs William Edith Paugh 17. INFORMANT (Widow) OakTand. Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ocunknawn) (If yes give wor or dotes of service) 0 093-01-0584 Mrs. C. M. Biggs, MxxxkakaxkarkxxMa INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET, AND, DEATH buriol-transit IMMEDIATE CAUSE (o) DUF TO Loumas Canditions, if ony, which gave (b) rise to immediate cause (a). DUF TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) SDL 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, affice bldg., etc.) at work at work 19 1, that (I) (we) las 21. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an 17 Rec 1967, and that death accurred at 12:30M. Archicauses and an the date stated above TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22a SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING M.D. 22c. PHYSICIAN 22d. ADDRESS O HOSPITAL (21550) Oakland, Md. Dr. A. E. Mance NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY shoul 23b. DATE THEREOF direct 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Oakland, Garr. Cakland Cometery Md. MOTENERAL ORECTO Durst 25b. REGISTRAR'S SIGNATURE VR A15 (4) Leighton-Durst Funeral Home, Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17016 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Garrett 2, and 3 to PM3. Page o. STATE b. COUNTY Maryland MARYLAND Garrett b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest town) Minutes Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the Chief Medical Examiner's Office alang with farm DOA) Garrett Co. Mem. Hospital in Item 18. Give Pages Third Street YES NO Y be executed within 24 haurs after death. NAME OF 4 DATE Lost Month Doy Year DECEASED OF DEATH 12 permit. File pages 1 and 2 with the 18 67 Biggs (Type or print) Harry Fred S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months 8/20/07 any event within 72 haurs after death. White DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Dry Cleaner Garrett Co., Md. pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry F. Biggs ?? 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17 INFORMANT Address pending" Mrs. Esther Tasker Terra Alta, W. Va. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY SUSTI AND DEATH IMMEDIATE (AUSE (6) Coronary thrombosis the certificate, writing the ward 4 shauld be farwarded ta the Ch This certificate shauld DUE TO Arteriosclerotic cardio-vascular disease Years Conditions, if ony, which gove rise to immediate couse (a). and in DUE TO stating the underlying couse last. be used 19. WAS AUTOPSY PERFORMED? remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, NO -20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 shauld crematian, ar PRIMARY CONTRIBUTING C CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot wark ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection [X], Inquiry X, ond in my opinian Notural couses ... Accident death resulted from: Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Oakland, Md. 12-18-57 James H. Feaster, Jr., M. D. Address (Street, city, town, or county) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 12/21/67-Terra Alta Cemetery Terra Alta Preston, W. Va. ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Terra Alta, W. Va. DATE 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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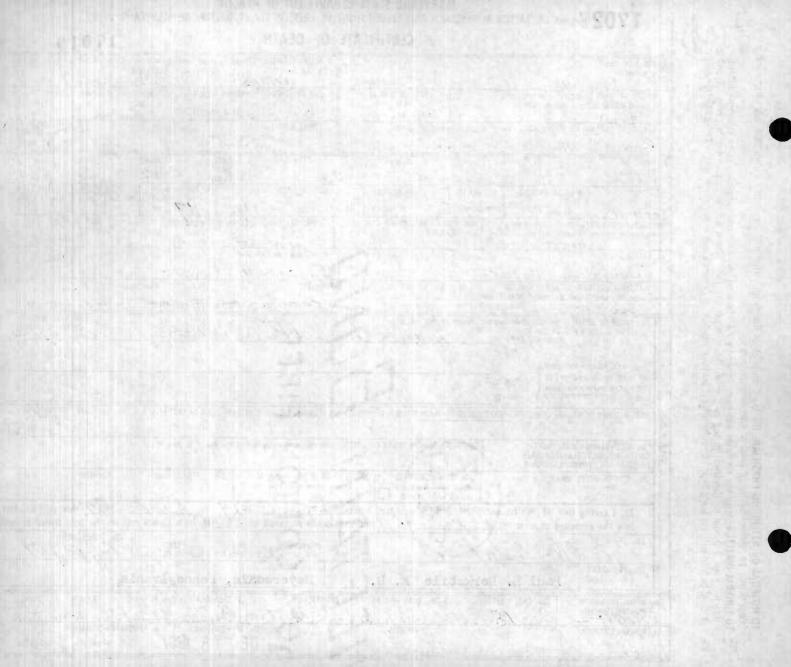
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	MARYLAND STATE DE	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE,	, MARYLAND 21201
VI)	CERTIFICATE	OF DEATH	17019
haurs affer death.	PLACE OF DEATH  o. COUNTY  Garrett  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  RURAL STATE OF STAY IN 16  RURAL STATE OF STAY IN 16  RURAL STATE OF STAY IN 16	2. USUAL RESIDENCE (Where deceosed lived o. STATE Penna. c. CITY OR TOWN (If outside corporate limits 3 omersed	b. COUNTY Somerset
90	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)  Goodwill Mennonite Home	d. STREET ADDRESS	e. IS RESIDENCE ON A SARM? YES V NO
1 d	SEX  6. COLOR OR RACE  Female  WIDOWED  DIVORCED  DIVORCED  10. USUAL OCCUPATION (Give kind of work done pring most of working life, even if retired)  House w. Fe  RATHER'S NAME  David Str. Cose  1. MARRIED  NEVER MARRIEO  DIVORCED  DIVORCED  INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign for & Somerset, Penn 14. MOTHER'S MAIDEN NAME Elizabeth Pois; INFORMANT	Jordan Months Days Hours Min.  12. (ITIZEN OF WHAT COUNTRY? USA  Address California
should be filed with the State Dept. af Health priar ta buriat, cremation, or removal, and	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	id Otheroschur	ART 1(0)  19. WAS AUTOPSY PERFORMED? YES NO
S MANGER CERTIFICATION	20c. TIME OF INJURY Manth, Day, Year Hour o.m. 19	tory, street, office bldg., etc.)	ar town) (County) (State)
	21. I certify that (I) (this haspital) attended the deceased frames aw the deceased alive an alice 1967, and the 220. SIGNATURE  220. SIGNATURE  221. PRISICIAN'S NAME (Type) Paul E. Berkebile M. D.	nt death accurred at 7:25 AM, fran	NULLY, 1967, that (I) (we) lass in causes and an the date stated abave 22b. DATE SIGNEO PHYS.   SYLVANIA
	30. BURIAL, CREMATION, PREMOVAL Specify  23b. DATE THEREOF  23c. NAME OF CEMETERY OR  23c. NAME OF CEMETERY OR  24. FUNERAL OIRECTOR  ADDRESS  ADDRESS	CREMATORY  23d, LOCATION  25d. RECO 8Y REGISTRAR  DATE DEC 1 8 19	25b. REGISTRAR'S SIGNATURE



# **FOR STATE** HEALTH DEPT. any delay is 0 af PMS necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm This certificate shauld be executed within 24 haurs after death. If State TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health priar ta burial, crematian, or removal, and in any event within 72 haurs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

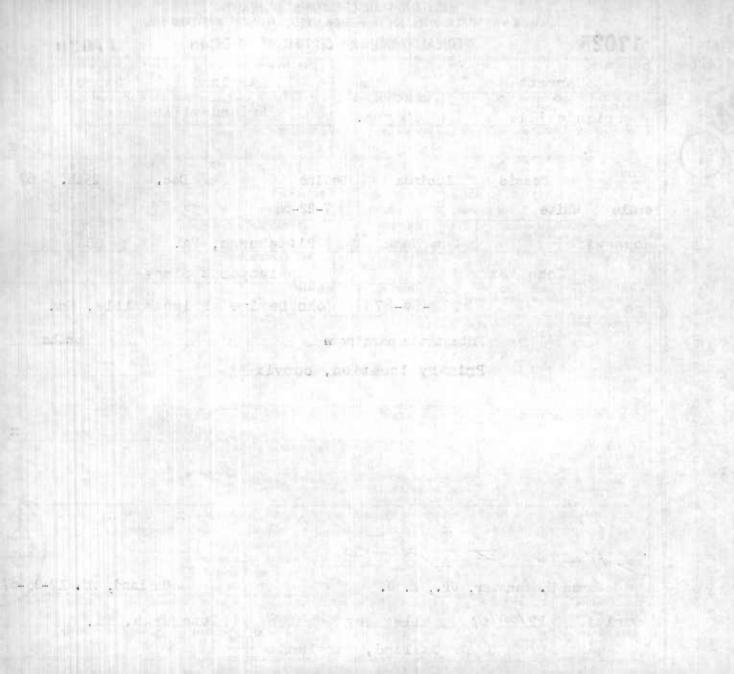
Н	17028	3	MEDIC	AL EXAMIN	VER'S	CERTIFICATE OF	F DEATH	17	020	
1.	PLACE OF DEATH o. COUNTY	Garrett		MARY	YLAND	- CTATE	here deceosed lived, if institution b. COU	tion: Residen	rett	ission).
1	write RURAL an	(If outside corporate limits, d give neorest town) ndsville	C	length of stay i	-		side corporote limits, write RU endsville	RAL ond give	11.1	
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in hospitol, give	street oddress)		d. STREET ADORESS				ESIDENCE A FARM? NO X
3.	NAME OF DECEASED (Type or print)	Bessie		Middle cinda	De	Vine Lost	4. DATE Mon OF DEATH Dec.	2		Year 19 67
	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED X	NEVER MARRIED DIVORCED		7-22-84	9. AGE (In yeors last birthday) yrs.	IF UNDER Manths	Days Hou	IDER 24 HRS.
du	i. USUAL OCCUPATIO ing most of working Housewi	N (Give kind of work done glife, even if retired) TE		of Business or TRY Home	Mark.	11. BIRTHPLACE (State of Pittsbur	gh, Pa.	12. (1)	TIZEN OF WHA DUNTRY? ISA	T
13	FATHER'S NAME	John For	x				anna Sines		The state of the s	
		ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	concicol	1AL SECURITY NO. 2-54-873		MFORMANT John Devin	Addr e Friends		, Md.	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Metastatic carcinoma  DUE TO  Conditions, if ony, which gove )  (b) Primary location, cervix								INTERVAL ONSET, AN MONTHS	ID DEATH
	rise to immedio stoting the unde lost.	te couse (o), erlying couse	(c)						la mas	UTORCY
CERTIFICATION			ONTRIBUTING TO D	DEATH BUT NOT REL	LATED TO TI	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)		19. WAS PERFO	RMED?
	20o. EXTERNAL C. PRIMARY TO or CC CAUSE OF OEATH.		20b. DESCR	IBE HOW INJURY O	CCURRED. (	Enter nature of injury in P	ort I ar Part II of item 1B.)			
MEDICAL	Hour o.	URY Month, Doy, Yeor m. 19	20d. INJUI While of work	Not While of work		E OF INJURY (Home, form, ory, street, office bldg., etc.)		(Cou	unty)	(Stote)
		ry that I taak charge ted fram: Natura	af the remai	ns described al	bave, hel  , Suici	de, Homicide	, Undetermined m	uiry <b>x</b> , nanner [	and in r	ny apiniar
	ACTUAL SIGNATURE	<b>S</b>	total	<i>X</i> -	.0	M.D. ASSISTANT MEOI DEPUTY MEDICAL	CAL EXAMINER			ATE SIGNED
	NAME (Type) a	mes H. Feas				Address (Street,	city, town, or county Oaks 1			
	o. BURIAL, CREMATI REMOVAL (Specif Burial A) FUNERAL DIRECT	12/28	/67	Alleghe Address		Cemetery	Pittsburg  By REGISTRAR 25b. R	h Pa	(County)	(Stote)
	Monda	n Minn	wah (	lakland	. Mai	ry and DATE UI	EC 29 1967	yluca	reas yo	wige.

Oakland, MarylandDATE

VR A15ME (5) 6M 1/67

5 may be retained far your files.

TO DEPUTY MEDICAL EXAMINER:



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17029 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral Tand 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. CDUNTY o. STATE b. COUNTY Garrett MARYLAND Grant c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY DR TDWN (If autside corporate limits, write RURAL and give nearest town) Gormania 1 Days Oalcland. d. NAME OF HDSPITAL DR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Garrett County Memorial Hospital YES ND X First Middle 4. DATE signed by the attending physician and campletely f burial-transit permit. Then please remave carban burial, cremation, ar remaval, and in any event, witl 3. NAME DF Lost Month Doy Year DECEASED Hershal Duling December Grover 67 19 (Type or print) DEATH IF UNDER 24 HRS. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR S. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours White 11-26-84 Male WIDOWED X DIVDRCED 10o. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (Caunty & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY **COUNTRY?** Farming Mt. Storm, W. Va. America Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William H. Duling Ellen Moomau 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAŁ SECURITY ND. Address (Yes, no, or unknown) (If yes give war ar dates of service) -16-5472+A Galen Duling Fairmont, W. Va. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Canditions, if ony, which gave rise ta immediate cause (o). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTDPSY PERFORMED? NO by the haspital ar 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (County) foctory, street, affice bldg., etc.) Hour o.m. Not While at wark TO HOSPITAL OR ATTENDING Page 4 may be retained by the at work 12-21952, that (I) (we) last attended the deceased from \_\_\_\_\_\_, 1966, ta \_\_\_\_\_\_12-2156, that (I) (we) last 12-2-\_\_\_\_\_1967, and that death accurred at 0:50MFram causes and on the date stated above. 21. I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an. 22a. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Dr. A. E. Mance NAME (Type) Oakland, Maryland 23b. DATE THEREOF 23c. NAME DF CEMETERY DR CREMATDRY 23d. LDCATIDN (City ar Town) (County) (State) BURIAL, CREMATION, Burial Burial 12/5/67 Bayard Cemeterv Bavard Va. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24...FUNERAL DIRECTOR VR A15 (4) Oakland, Marylandon F 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

#### CEPTIFICATE OF DEATH

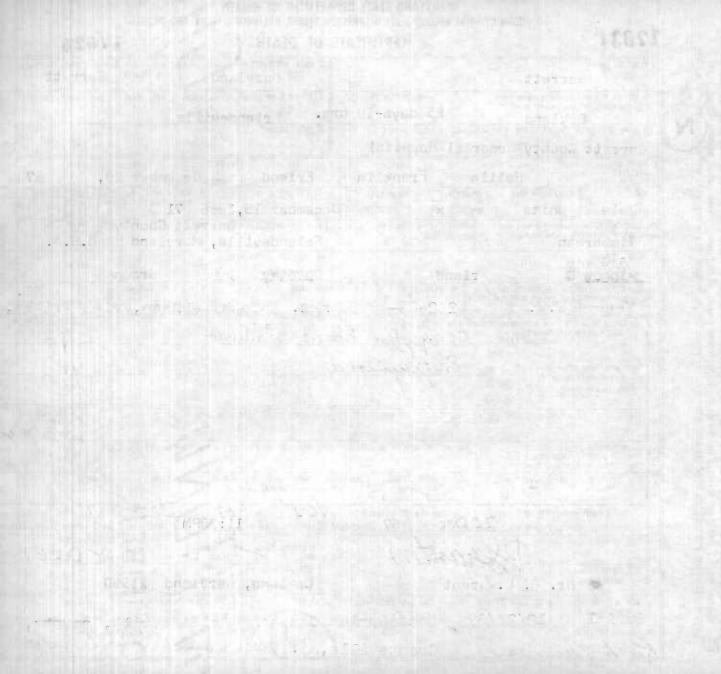
		11000	CERTIFICATE	OI DEAIII		11022
		PLACE OF DEATH Garrett	MARYLAND	2. USUAL RESIDENCE (Where on STATE Mary)	deceosed lived, if institution b. COUNTY	: Residence before admission) Garrett
		b. CITY OR TOWN (If outside carporote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	orporote limits, write RURAL tzmiller	ond give nearest town)
0	Ó	d NAME OF HOSPITAL OR INSTITUTION (If not in h Oak Rest Nursing Ho	ospitol, give street address)	d. STREET ADDRESS Route 38-	4mi.N.W.	e. IS RESIDENCE ON A FARM? YES NOTE
	(	NAME OF DECEASED (Type or print)  Amelia  First	Frances	D	Dec.	15 DOY 167
	S. S	omela White	DOWED DIVORCED [] IN	1ar.4,1874	losg highdoy) yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months Doys Hours Min.
	10o. duri	. USUAL OCCUPATION (Give kind of work done in the control of the c	OWNSTR Home	Maysville,		12. CITIZEN OF WHAT COUNTRY?
		James Marcus Schel				Stonebreaker
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, ng prunknown) (If yes give wor or dotes of serv	1-1	nformant s. Edith Ev	ans, Star R	t.Kitzmiller,
		18. CAUSE OF DEATH (Enter only one couse pe PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o) (b), ond (c).)	clesva	N	INTER DECEMENT ON SET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (b)				
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While of work of work	ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that (I) (this haspital saw the deceased alive an Dec.	) attended the deceased fram 8,19_67, and that	September, 19 6 t death accurred at	M, fram causes ar	nd an the date stated above.
		220. SIGNATURE OF TIME	ance M.	ATTENDING MED. PHYS. DIRECT	TOR STAFF PHYS.	226. DATE SIGNED 12/16/67
1			e, M.D.	3 South Th		kland, Md.
		b. BURIAL (REMATION 1 236. DATE THEREOF REMOVAL (SPECIAL) 212/18/6		metery E		Mineral Cow. Va
·	12ª	ny Mildred Sharpless	Blackitzmi ller,	Md. 250. REC'D BY R		STRAR'S SIGNATURE

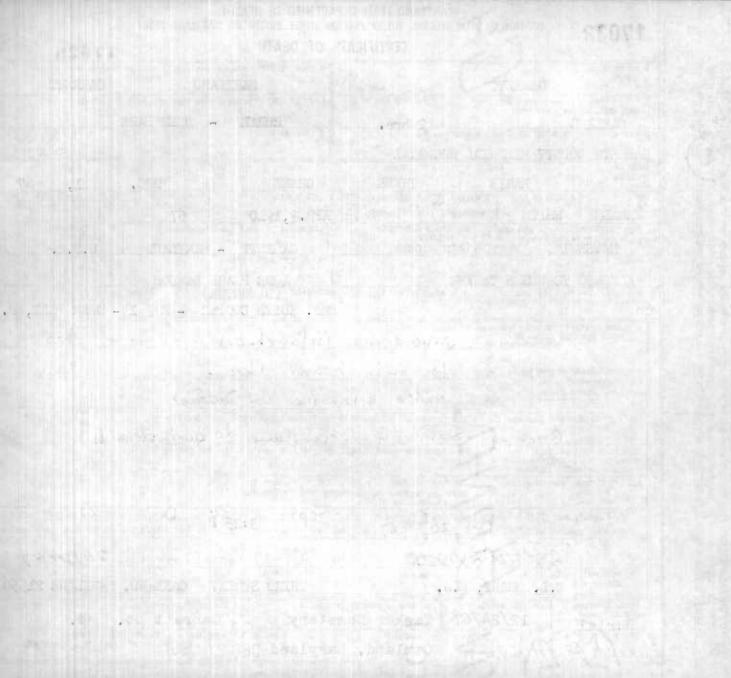
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in-by-directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pshauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 heal VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

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22. DATE SIGNED

(Stote)

12-8-67

(County)

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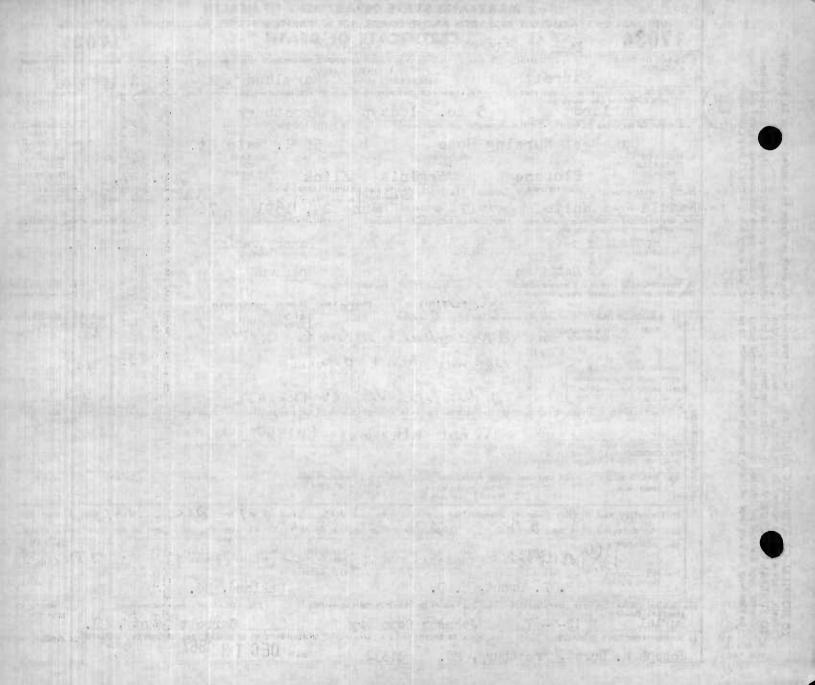
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	MARYLAND	STATE DE	PARTMENT O	F HEALT	H	
<b>DIVISION OF STATISTICAL</b>	L RESEARCH AN	ND RECORDS.	301 W. PRESTO	N STREET.	BALTIMORE 1,	MARYLAND

17034	Item #7	Film #G390 12/00	CATE	OF DEAT	Н		15	7027	
1. PLACE OF DEATH a. COUNTY	Garrett	MARYLA		. USUAL RESIDEN •. STATE Maryl		eceased lived, If b. COUN	ITY	eghany	//
write RURAL and	foutside corporata limit give neerest town) Land	5. LENGTH OF STAY		c. CITY OR TOWN		porate limits, write			
Commence of the second of the	Rest Nur	not in hospitel, give street address		d. STREET ADDRESS		St.		e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	Floren	Middle	ia	Klink	4. DATE OF DEATE	Montl		ay Yeer	-
5. SEX Female	6. COLOR OR RACE	7. MARRIED NEVER MARRIED   WIDOWED NOT DIVORCED	8. D	ate of Birth	25.54	76 yrs.		R IF UNDER	
10a. USUAL OCCUPATI done during most of wor Housewi	rking life, even if retired	106. KIND OF BUSINESS OR IN		11. BIRTHPLACE (Cou			1 800	OF WHAT CO	OUNTRY
13. FATHER'S NAME	Catitto	n	14	. MOTHER'S MAIDEN	NAME				
15. WAS DECEASED EVE (Yes, no, or unkown) (If	R IN U.S. ARMED FOR yesgive wer or dates of se	220-28-9759				Address			
PART I. DEATH	EATH (Enter only one H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Myocancleal		fanction				INTERVAL BETY ONSET AND D	
	Conditions, if eny, which governise to immediate couse  (b) Ischemic heant disease							CNY	
(a), steting the ur	ndarlying DUE TO	Antenioselena						yo.	9
ІСАПО			1 41 4)		nt		/EN IN PART 1(a)	PERFOR	
	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OF	CCURED. (E	nter neture of injury in	Pert I or Pert	ll of item 18.)			
20c. TIME OF INJUI Hour a.m.	RY Month, Dey, Yee	While Not While et work at work		OF INJURY (Home, far , street, office bldg., et		y or town)	(County)	(:	(Stele)
	200	al) attended the deceased  Dec 1967, and							
220. SIGNATURE	Syanti	n	M.D.		MED. DIRECTOR	STAFF PHYS.		7 Dec	DATE
22c. PHYSICIAN'S NAME (Type)		Grant, M. D.		22d. ADDRESS	akland				
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	ON, 236. DATE THER 12-9-67	Johnson Ce		У	Ga	arrett C	ounty, 1	Md.	ete)
Joseph R.		address stburg, Md. 2	1532	2Se. RE	DEC 1	3 1967 RE	Character's slow	VATURENSS	R



Mln.

non use wood at the profit-be AND THE PROPERTY OF THE PROPER Total of 380 and but the first the second I Winnich

The law requires that the death certificate be executed within 24 hours after in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers-Pag be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7,4 hours pretained by the hospital or attending physician. ATTENDING PHYSICIAN: TO HOSPITAL OF death. Page 4 r

VR A15 (4

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

17029

	PLACE OF DEATH				2.	USUAL RESIDER		decessed lived, If		sidence before	edmission)
		Garret	t	MARYLAI	ND	. STATE Mary	land	b. CO0	Gar	rett	
	b. CITY OR TOWN (if	outside corporate limi	ts,	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TOWN	(If outside c	orporate limits, wri	e RURAL and	give naerest to	own)
-	Oakland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9 yrs.		Rura	.1 Oal	kland		/	11.1
	d. NAME OF HOSPITA	L OR INSTITUTION	if not in hos	pitel, give street address)		d. STREET ADDRESS	S				RESIDENCE A FARM?
	h h	-Weeks N	ursin	g Home							NO K
3.	NAME OF DECEASED	First		Middle		Lest	4. DAT		h	Dey Ye	er
	(Type or print)	Anna		Stacia		wer	DEA	TH Dec.	12,	19	67
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	] B. DA	TE OF BIRTH		9. AGE (In years			ER 24 HRS.
F	emale	White	WIDOWE		76-	y 5, 188	80	87 yrs.	Months D	eys Hours	Min.
	USUAL OCCUPATION			ND OF BUSINESS OR INC	DUSTRY   1	I. BIRTHPLACE (Co.	unty & State,	or foreign country	12. CITIZ	ZEN OF WHAT	COUNTRY
30	Housewi	fe	Ow	n Home		Gorman	, Md.		US	SA	
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
	James Mo	reland			100	Sarah	Lish				
15.	WAS DECEASED EVER		CES?   16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Addres	S		
n C	i, no, or unkown) (Ify	es give wer or dates of a	ervice) 21	5-26-7882	Jose	ph Denni	9 A11	liance.	Ohio		
170		ATH lEnter only one	cause per li	ine for (e), (b), and (c).)	0000	pir bonni		Liamoo,	OHILO	I INTERVAL B	FTWEEN
	PART I. DEATH	WAS CAUSED BY:								ONSET AND	DEATH
	IA N	AMEDIATE CAUSE (e)	Uremia	<b>a</b>						2 weel	(S
	231 X	DUE TO									
	Conditions, if eny,	which ) (b)	Arter	iosclerosis,	gen	eralized				Years	
	gave rise to immediate (a), stating the un-										
	cause lest.	) (c)									
NO N	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BE	UT NOT RE	LATED TO THE TERM	AINAL DISEA	SE CONDITION GI	VEN IN PART	1(e) 19. WAS	AUTOPSY ORMED?
LY.		Old Cerebe	ral va	ascular acci	ident					YES	NO 🔀
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY OCC		ter neture of injury in	n Part I or Pe	ort II of item 18.)			
MEDICAL	20c. TIME OF INJUR		While	Not While		OF INJURY (Home, fe street, office bldg., e		City or town)	(Coun	ty)	(Stete)
X	p.m.	19		k at work	3.0	7		70.70	67		
	21. I certify the	at (I) (this hospi	tal) attend	ded the deceased f	rom. J.Y.	2.4,	19.p,	to12-12	. <del></del> Q.1, 19	, that (I)	(we) las
	1 /	d alive on 12	96.7	,.19/, and	that dea	th occurred at	上5.M, fr	om the causes	and on the		
	220. SIGNATURE		r	1	1	ATTENDING	MED.	STAFF	-		26. DATE SIGNED
	Tun-	W.	Zun	0	M.D.	PHYS.	DIRECTOR	PHYS.	12	-11-67	
	James Type	Feaster,	Jr.,	M. D.		1.04 S. 2	2nd. S	t., Oakla	and, Md	. 21550	)
23	BURIAL, CREMATIC	N, 236. DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. L	OCATION (City, to	wn or county	)	(State)
	REMOYAL ETCity)	12/15	167	Pleasant	Vall	ev Cem	Gan	crett Co	).	Many	land
	Dartar			TTOMBOTTO	1 00 77 7	Cy ocm.	0.001			TIGGE Y.	

Department of the office of the control of the e e . e u . do lite a l'euro TO TO THE REAL PROPERTY OF THE PARTY OF THE after death.

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24. Hours

Page 4 may be retained by the hospital or attending physician.

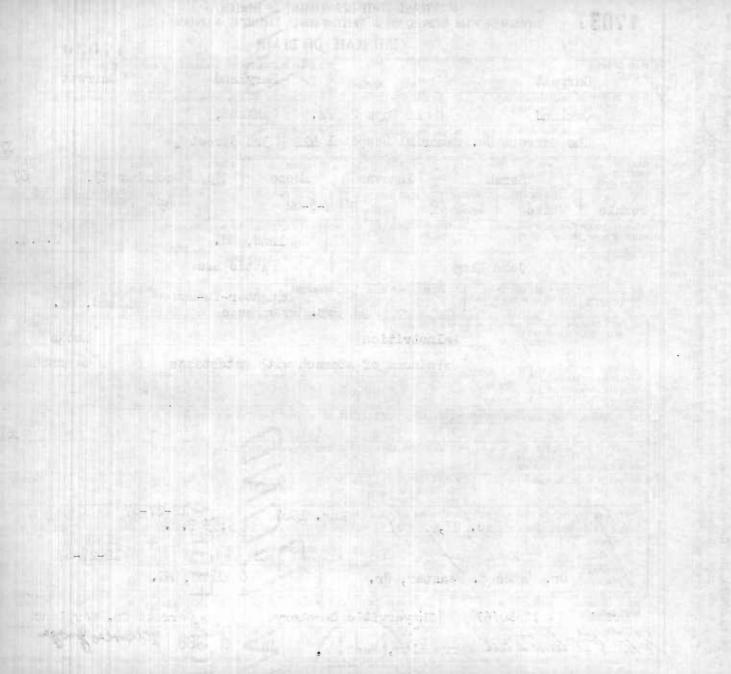
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

7030

A		PLACE OF DEATH o. COUNTY	arrett			1	2. USUAL RESIDENCE (V		d lived, if institu b. COU	tion: Residen	ce before o	dmission)
M	1	b CITY OR TOWN (	f outside corporote limits	, c. l	MARYLA ENGTH OF STAY IN  18 Days	16	c. CITY OR TOWN (If ou	tside corporat	e limits, write RU	RAL ond give	neorest to	own)
65		d. NAME OF HOSPIT.	AL OR INSTITUTION (If no he Garrett	t in hospital, give s Co. Memor			d. STREET ADDRESS 412 N 3rd		t		e. IS	RESIDENCE ON A FARM? NO X
		NAME OF DECEASED (Type or print)	Fir Sara		Middle Ingava		lost Maese	4. DATE OF DEATH	Decemb		Day	Year 19 67
	S.	SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		8. DATE OF BIRTH 4-8-82	9.	AGE (In yeors lost bittedoy) yrs.	Months Months		UNDER 24 HRS. lours Min.
		o. USUAL OCCUPATION ring most of working	(Give kind of work done life, even if retired)	10b. KIND O INDUSTR	F BUSINESS OR RY		11. BIRTHPLACE (County Oakland,		ign country)		UNTRY?	S.A.
	13.	13. FATHER'S NAME  John King					14. MOTHER'S MAIDEN!					-1-11
	15. (Ye	. WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service) 16. SOCIA	L SECURITY NO.	17.	informant Daughter-In-Law Oakland, Md.					
		1B. CAUSE OF DI PART I. DEAT	ATH (Enter only one cour H WAS CAUSED BY: 1MMEDIATE CAUSE DUE	(o) Maln	utrition							AL BETWEEN AND DEATH
		Conditions, if ony, rise to immediat stating the under	which gove be couse (o), lying couse DUE	(b) Carc	inoma of	sto	omach with m	etasta	SOS		6 moi	nths
2	lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE								I IN PART 1(o)		19. W/ PEI YES	AS AUTOPSY REFORMED?
	L CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCC	JRRED.	(Enter noture of injury in	Port 1 or Port	Il of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. INJURY While of work	OCCURRED 2 Not While of work		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)		unty)	(State)
		21. I certificate saw the de	<b>fy</b> that (1) (this has eceased alive on_D	pital) ottended Dec. 27	the deceased fr	om <u>A</u> z d tha	t death accurred at	9_5:55M,	12-27-C	and an t	ne date s	(I) (we) las tated above
		220. SIGNATURE	-u Ja	a f		M.I		MED. DIRECTOR	STAFF PHYS.		ate signed 27–67	
1		22c. PHYSICIAN'S NAME (Type)						aklan				
		o. BURIAL, CREMATIC REMOYAL (Specify	12/30/	1	c. NAME OF CEMETE hayervil!		Cemetery		Garrett	Co. I		
D	20	4. FUNERAL DIRECTO		L Terra	Alta, Wes	st \		BY REGISTRA	68 70	EGISTRA	G T	



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If institution: Residence before edmission) a. COUNTY .. STATE Marvland b. COUNTY Carrett Carrett MARYLAND c, CITY OR TOWN (If oulside corporale limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporale limits. c. LENGTH OF STAY IN 16 KI TZMI I TATE Kitzmiller 58Yrs. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS 3rd. Avenue 3rd. Avenue 3. NAME OF First Middla DECEASED December Tsaac Marcus Moon (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthdey) White Male Oct. 22,1888 WIDOWED [ DIVORCED T 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country) Coal Mines Cross. W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Solomon Moon Anna Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no or unkown) (Ifyasgive werordetes of service) attending physician. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] has been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate ceuse (a), stating the underlying use as CERTIFICATION prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from... 2 4 196 7, and that death occurred of saw the deceased alive on..... 22e. SIGNATURE MED FUNERAL PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, le filed v Drame Raiph Calandrella 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

Address 32-07-7631 Marie Smith, Kitzmiller, Md. 21538 INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) PERFORMED? NO TO (Stete) 30R, from the causes and on the date stated above. Kitzmiller. Md. 21538 23d. LOCATION (City, town or county) 12/31/67 Barnard Cemetery R.D. Swanton Garrett Comd. Boosine W. Va. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN 24-FUNERAL DIRECTOR'S SIGNATURE Was P. O. Kitzmiller . Md.

e. IS RESIDENCE

67

YES NO

Year

12. CITIZEN OF WHAT COUNTRY!

U.S.A.

BUTTER KILL JJacks 3 telling for Talliam din . But You unava ..... Sid. Avenue mela monas aurogos ognati TO SEELSE . TOO ME AND THE Tonil butiton Cross, W.Te. datases son \$58-07-79-02 Merica Colen. Digasell Harley 1987-70-858 wittenbasing agion .m ENGLE THE TELEVISION OF to the mind of the bear of the second of the second Several Lines, de l'amendant d

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17040 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17034 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Garrett o. STATE Maryland b. COUNTY MARYLAND The Stote Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Oakland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Minutes Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS the Chief Medical Examiner's Office along with farm Fairway Dr. Garrett Co. Mem. Hospital in Item 18. Give Poges 24 haurs ofter deoth. NAME OF Eirst Middle 4. DATE DECEASED Victor Wayne Pritts DEATH December (Type or print) 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR Months Male White WIDOWED DIVORCED event within 72 hours ofter death 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? **INDUSTRY** Red House, Md. 14. MOTHER'S MAIDEN NAME Dealer Automobile USA in pencil i 13. FATHER'S NAME be executed within Ralph E. Pritts. Sr. Hilda Tasker permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) pending" Doreen Pritts #2 above see ves IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary thrombosis e, writing the word forwarded ta the Ch This certificate should ony Coronary arteriosclerosis Conditions, if ony, which gove rise to immediate cause (a). \_ DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removol, CERTIFICATION Prior myocardial infarction pleose execute the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY CONTRIBUTING cremotion, ar CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry X, death resulted from: Natural causes Accident Suicide . Homicide . Undetermined manner CHIEE MEDICAL EXAMINER Health prior to ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMMER'S James H. Feaster, Jr., M. D. Address (Street, city, town, or count pakland, Md. 12-25-67 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 50 REMOVAL (Specify) Burial 12/28/67 Garrett Co. Mem. Gardens Oakland. 1967 REGISTRAR'S SIGNATURE -24. EUNERAL DIRECTOR

Oakland, Maryland DATE

VR A15ME (5

e. IS RESIDENCE ON A EARM?

Dov

YES NO X

Year

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

and in my apinian

22. DATE SIGNED

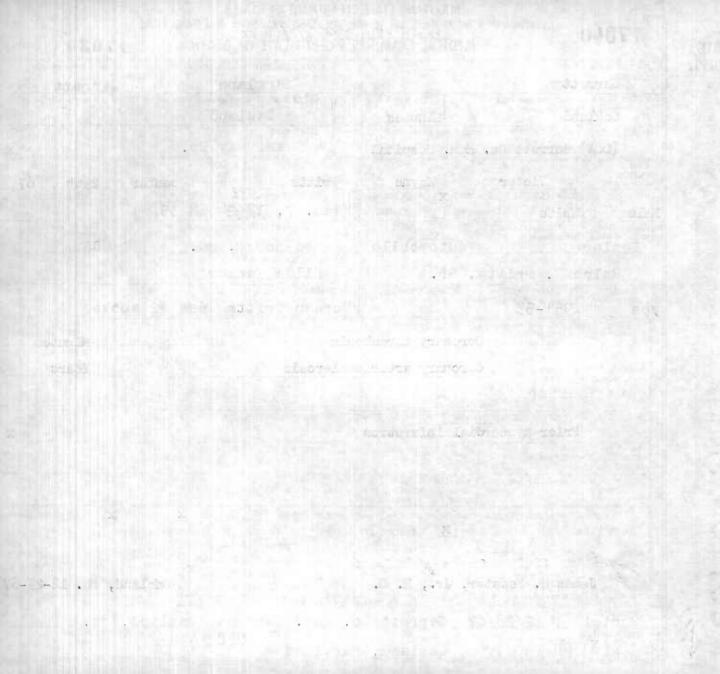
(County)

NO X

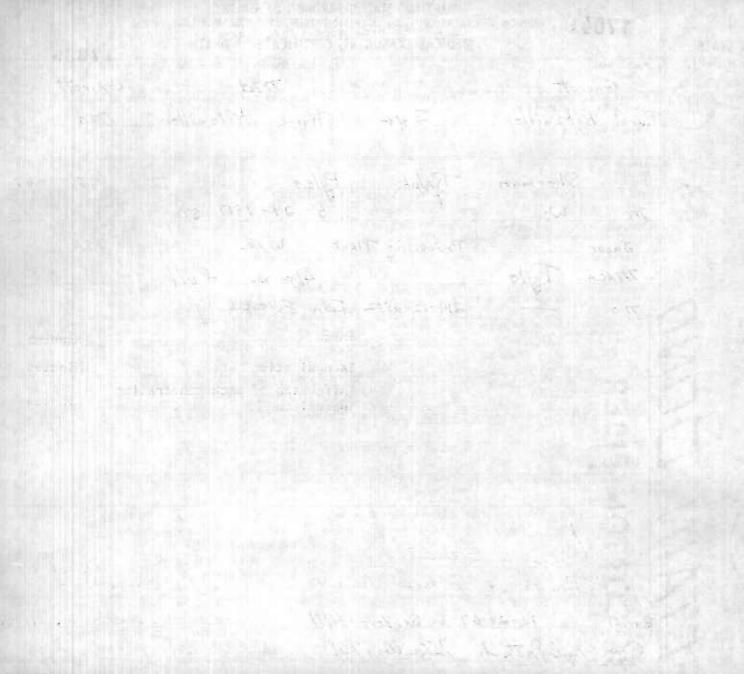
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Years



MARYLAND STATE DEPARTMENT OF HEALTH 17041 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **EOR STATE** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY P.M.3. Poge b. COUNTY e Stote Department of MARYLAND delay and 3 b. CITY OR TOWN (If autside corparate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) and write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital, give street bedress) e. IS RESIDENCE ON A FARM? farwarded to the Chief Medical Examiner's Office along with form pencil in Item 18. Give Poges YES NO I This certificate should be executed within 24 hours ofter death. 3. NAME OF Month 4. DATE Day Year DECEASED Sherman (Type ar print) DEATH 1967 6. COLOR OR RACE IF UNDER 1 YEAR NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS last birthday) Manths Dovs Hours DIVORCED WIDOWED after de 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Labor Processing U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 72 hours 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service -12-2562 77 0 INTERVAL BETWEEN
ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) buriol-tronsit event PART I. DEATH WAS CAUSED BY Shock IMMEDIATE CAUSE (a) the certificate, writing the word DUF TO in any Canditions, if ony, which gave Minutes Exanguination rise ta immediate cause (a). DUE TO stating the underlying couse Knife stab of back penetrating pup Minutes WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) or removol, YES XX NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fgrm. 20f. (City or tawn) (County) Hour o.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at work pleose execute of work 21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X, ond in my opinion deoth resulted from: Notural couses . Accident . Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER Health prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPUTY MEDICAL EXAMINER TEASTER UR L.D Address (Street, city, town, or county) OAKLAND. And 23o. BURIAL, CREMATION 23b. DATE THEREO! 23d. LOCATION (City or Town) (County) 0 REMOYAL (Specify) Rowlesburg, Preston Co. W. Va. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A 15ME (5) 1967



PLACE OF DEATH a. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) Oakland mos . d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Cuppett-Weeks Nursing Home 3. NAME OF Middle 4. DATE Month DECEASED Schlossnagle (Type or print) Margaret Ann 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH last birthday) Female WIDOWED T Jan. 1. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or loreign country) done during most of working life, even if retired) Own Home Cove, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emory A. Elizabeth Ringer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no Merle McClintock 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition DUE TO (b) Advanced arteriosclerosis Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse last. CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18,) 20e. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. at work | et work 22e. SIGNATURE ATTENDING X PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS James H. Feaster, Jr., M. D. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cove Cemetery Cove Burial 24) FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution, Residence before edmission) b. COUNTY Garrett c. CITY OR TOWN (II outside corporete limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day DEATH Dec. 29. 1967 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? USA Oakland. Maryland INTERVAL BETWEEN ONSET AND DEATH Weeks Years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1.19. WAS AUTOPSY PERFORMED? NO X (County) (State) 21. I certify that (1) (this hospital) attended the deceased from August 1967, to12-29-67, 19..., that (1) We) last 22b. OATE 12-30-67 SIGNED 104 S. 2nd. St., Oakland, Md. 21550 23d. LOCATION (City, town or county) (Stete) Marvland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Oakland. Marvland DATE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17039

	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)								
1	o. COUNTY Garrett MARYLAND					o. STATEWest Virginia b. COUNTY Grant					
	b. CITY OR TOWN (1	outside corporate limits,		c. LENGTH OF STAY	' IN 1b	c. CITY OR TOWN (If au	tside carporate limit	s, write RUR	AL and give n	earest tawn)	
	write RURAL and give nearest town) Oakland 10 Days					Horse Shoe Run, West Virginia 253					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)					d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
	Garı	ett Co. Men	Rt. #	2, Box #	93			NO 🔽			
	NAME OF DECEASED	Firs	st	Middle		Last	4. DATE OF	Mant			ear
	(Type ar print)	Iva		Florence		baugh	DEATH	Dece	mber 2		67
S. :		6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	8. DATE OF BIRTH	9. AGE	In years	IF UNDER 1 Y		ER 24 HRS.
F	emale	White	WIDOWED	DIVORC	ED 🔲	11/6/92	75 <sup>lost</sup>	yrs.	Monnis	Days Hours	Min.
10a	. USUAL OCCUPATION	(Give kind of wark dane		IND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fareign co	untry)		EN OF WHAT	
uun	ring mast of warking life, even if retired)  Housewife					Grant, Horse Shoe, W. Va. COUNTRY? USA					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	Sell, Loman (n)					Winters, Rachel L.					
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? S, no, or unknown) [If yes give wor or dotes of service]  Address										
n		(ii yes give war or gotes ai	zervice)		18	mestites	mile - 2	tons	e Il	· o An	4 4)16
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								INTERVAL BE	TWEEN	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestive Heart foilure									ONSEL AND	DEATH
	4201	DUE 1		1		, , ,					
	Conditions, if ony, which gove ) (b) / Schemic hear V disease									415	
	rise to immediate cause (a), stating the underlying cause DUE TO									1	
Π	lost. (c) Antenios clano Vic al desocese									UV	ę
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									19. WAS AUT	TOPSY
CERTIFICATION	anemia:									YES	NO T
TEI	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
	OR CONTRIBUTING (IF EITHER, NOTIFY)										
MEDICAL	20c. TIME OF INJU	RY Month, Day, Year		NJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, farm	, 20f. (City	ar tawn)	(Caunt	у)	(State)
MED	Hour o.n	10	While of war		fac	tory, street, affice bldg., etc.)					
	21. I certify that (I) (this haspital) attended the deceased fram Dec. 12, 1967, tg. 12/22/, 1967, that (I) (we) las										
	saw the deceased alive an Dec. 21, 1967, and that death accurred at 2:35 M, from causes and an the date stoted above										
	22g SIGNATURE — 2/2										
3	Bellauth M.D. ATTENDING DIRECTOR DIRECTOR DIPHYS DI									57	
٠	22c. PHYSICIAN 22d. ADDRESS										
	NAME (Type)	Dr. B. L.	. Gran	t		OakLand	i, Maryla	na			
230	BURIAL, CREMATIO		REOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION	(City ar Tax	wn) (C		(State)
	REMOVAL (Specify) Burial	12/24/1	2967	Texas	Ceme	terv	Horse	Shoe	Run I	Prestor	Va.
24	. FUNERAL DIRECTO		. /	APORESS		2Sa. REC'D	BY REGISTRAR	2Sb. RE	GISTRAR'S SIGI		
(	Dester	X Sty	nkel	on Nan	in. 6	Ula DATEFO	2 7 196	1 22	limber	2 Judg	Za.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1, and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or remayal, and in any event, within 72 h (ursativer death). TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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